

NOTE: ALL REQUESTS SHOULD BE SUBMITTED AT LEAST TWO WEEKS IN ADVANCE. PLEASE REFER TO YOUR SUPERVISOR FOR SPECIFIC DEPARTMENT GUIDELINES.

HEATH VILLAGE

REQUEST FOR TIME OFF

EMPLOYEE: _____ DATE SUBMITTED: _____

REQUESTED DAY (DAYS) OFF: _____

DUE TO COVID-19, IT IS NECESSARY TO MONITOR AN EMPLOYEE'S TRAVEL TO POTENTIAL "HOT SPOT" STATES OR LOCATIONS. IF YOU WILL BE TRAVELING OUTSIDE OF NEW JERSEY, PLEASE IDENTIFY THE STATE(S) HERE:

EMPLOYEE SIGNATURE

DATE: _____

APPROVED: _____

Please Check

DATE: _____

NOT APPROVED: _____

REASON: _____

SUPERVISOR SIGNATURE